

Name
in
Full

Robert Brady Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chesapeake City ^{County} Cecil

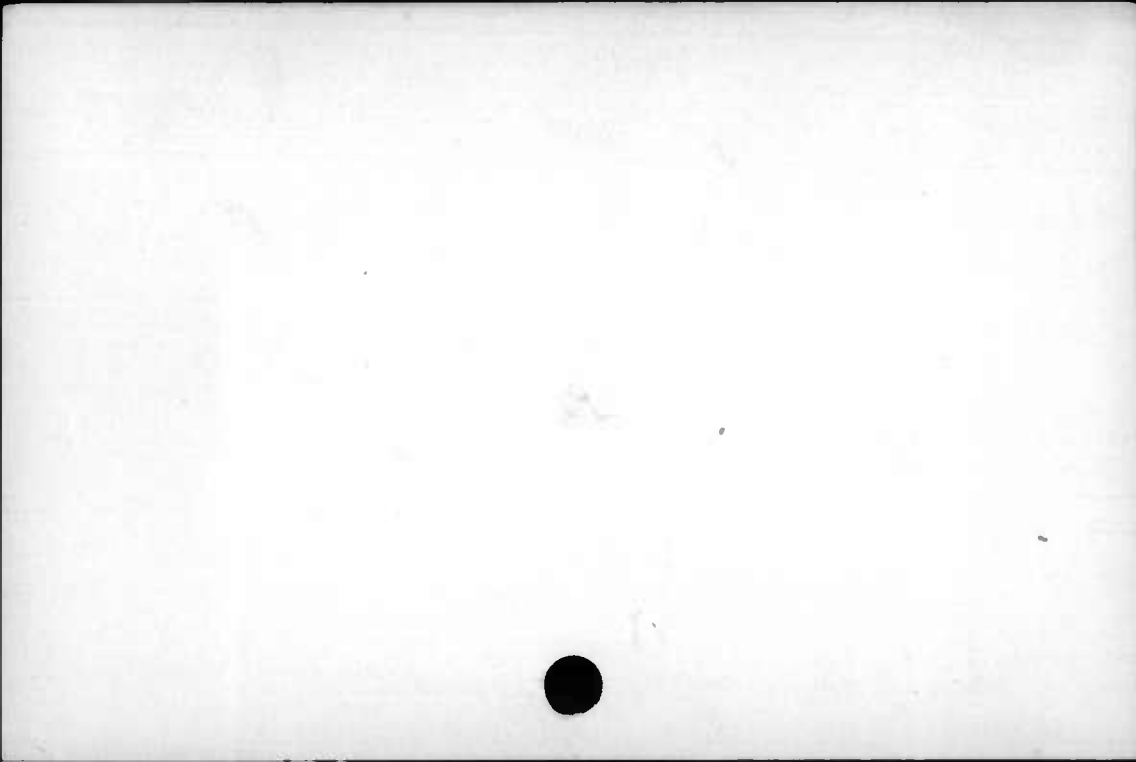
MARYLAND

Date of death 1907 July 30 Age Years Months 3 Days Sex Male Color or Race Colored Birth-place Chesapeake CityOccupation Infant Where Residing if not at place of death Married, Single or Widowed Name of Wife or Husband Father's Name Robert BradyFather's Birthplace MarylandMother's Maiden Name Margaret RoyMother's Birthplace MarylandName of person giving information Ann RoyHow related to deceased his mother

CAUSES OF DEATH

61

PHYSICIAN
OR CORONERPrimary Cerebral MeningitisHow long 4 daysImmediate ConvulsionHow long one dayAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. C. KarsnerAddress Chesapeake City, Md.Accident or Suicide? X



Name
in
Full

Clarence C Calant

CERTIFICATE OF DEATH

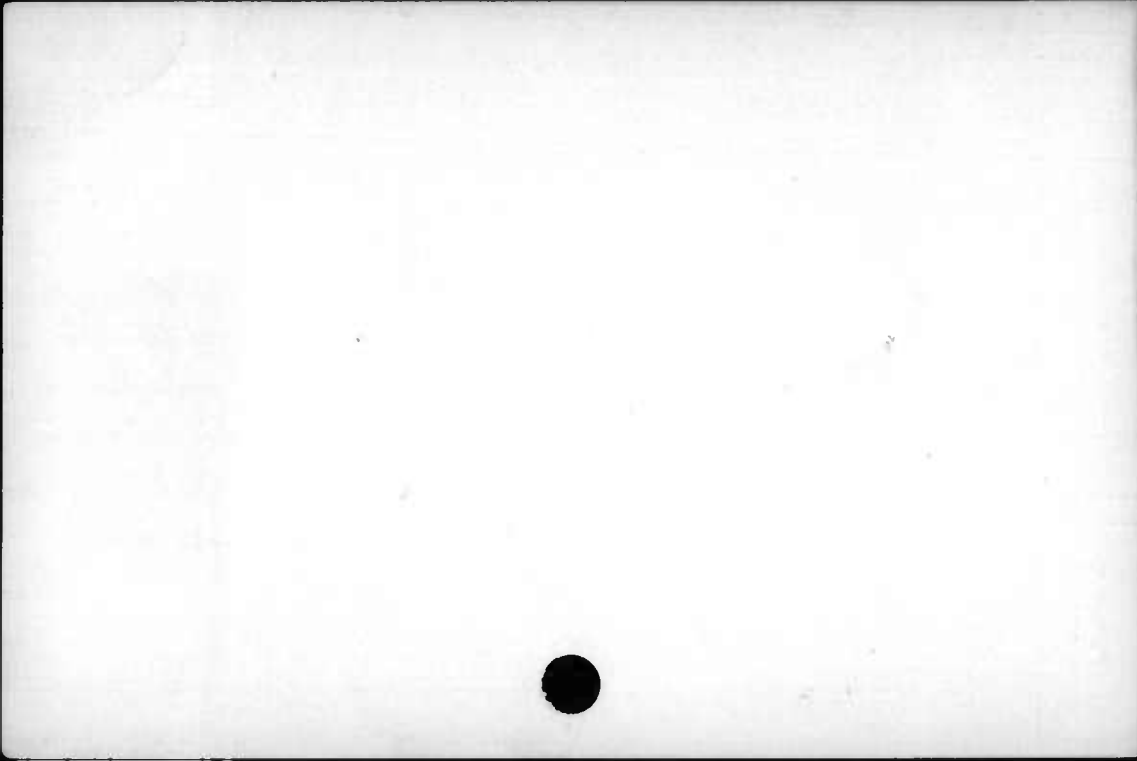
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Penrynville</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>2nd</i> <small>Day</small>	<i>16</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Cecil Co, Md</i>			
Occupation <i>School Boy</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William T Calant</i>	Father's Birthplace <i>Cecil Co Md</i>				
Mother's Maiden Name <i>Mary E Boyd Calant</i>	Mother's Birthplace <i>Cecil Co Md</i>				
Name of person giving information <i>William T Calant</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>Accidental Drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Picketts Nelson</i>	
	Address <i>Coroner of Cecil Co. Elkton, Md.</i>	
Accident or Suicide <i>Accident</i>		



Name
in
Full

Lousa Cather

CERTIFICATE OF DEATH

Town

Colora

County

Cecil

MARYLAND

Died at

Date

of death 1907

Month

July

Day

Twelfth

Years

Age

63

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

House Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

E C Cather

Father's
Name

Joseph Williams

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

E C Cather

How related
to deceased

Husband

CAUSES OF DEATH

26

Primary

Tuberculous Laryngitis 2 years

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yrs

Signature of
Physician

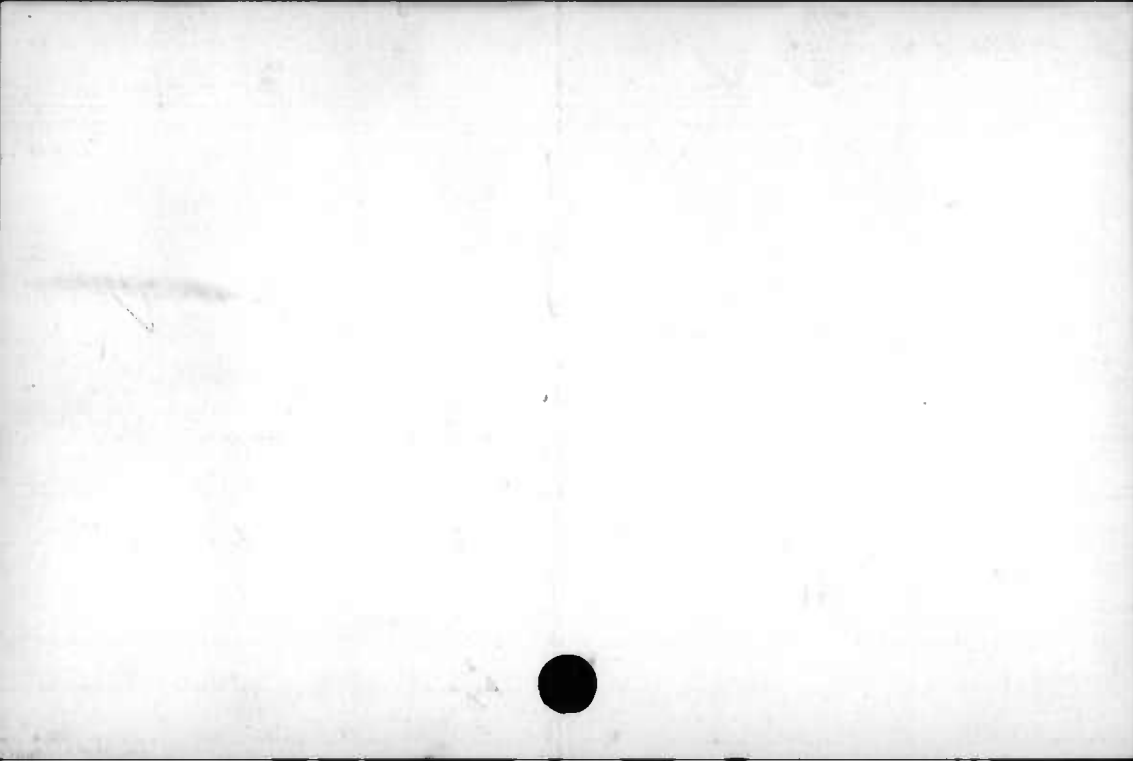
Ernest Rowland

Address

Liberty Groove
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Newborn Clark

CERTIFICATE OF DEATH

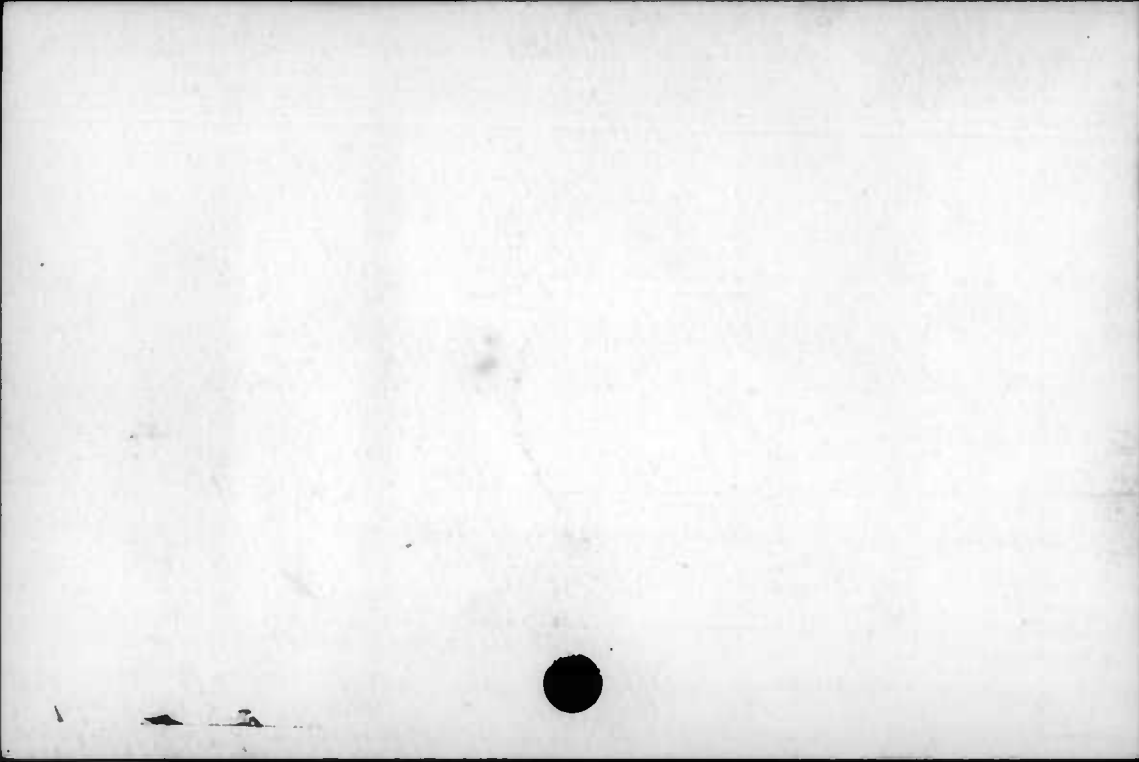
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i>		Town <i>Elkton</i>		County <i>Bees</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>14</i>	Age <i>17</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Boatbuilder</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jamieson Clark</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Maryann Cannon Clark</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Henry Vinsinger</i>		How related to deceased <i>Paternal</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>Accidental Drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Rickets Nelson</i>	
	Address <i>Coroner of Cecil Co. Elkton, Md.</i>	
Accident or Suicide? <i>Accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ham Hill</i> ^{Town}		<i> Cecil 4th Dist</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>July</i> ^{Day} <i>28</i>		Age <i>67</i> ^{Years}		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Builder</i>		Where Residing If not at place of death <i>—</i>			
Married, Single <i>Married</i> or Widowed		Name of Wife or Husband <i>Sarah Coman</i>			
Father's Name <i>Wm E. Coman</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Susana Miller</i>		Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>Sarah Coman</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i> (64)	How long <i>4 hours</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>O. P. Carries Mt. Cherry Hill, Md.</i>
Accident or Suicide? <i>—</i>	

181



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

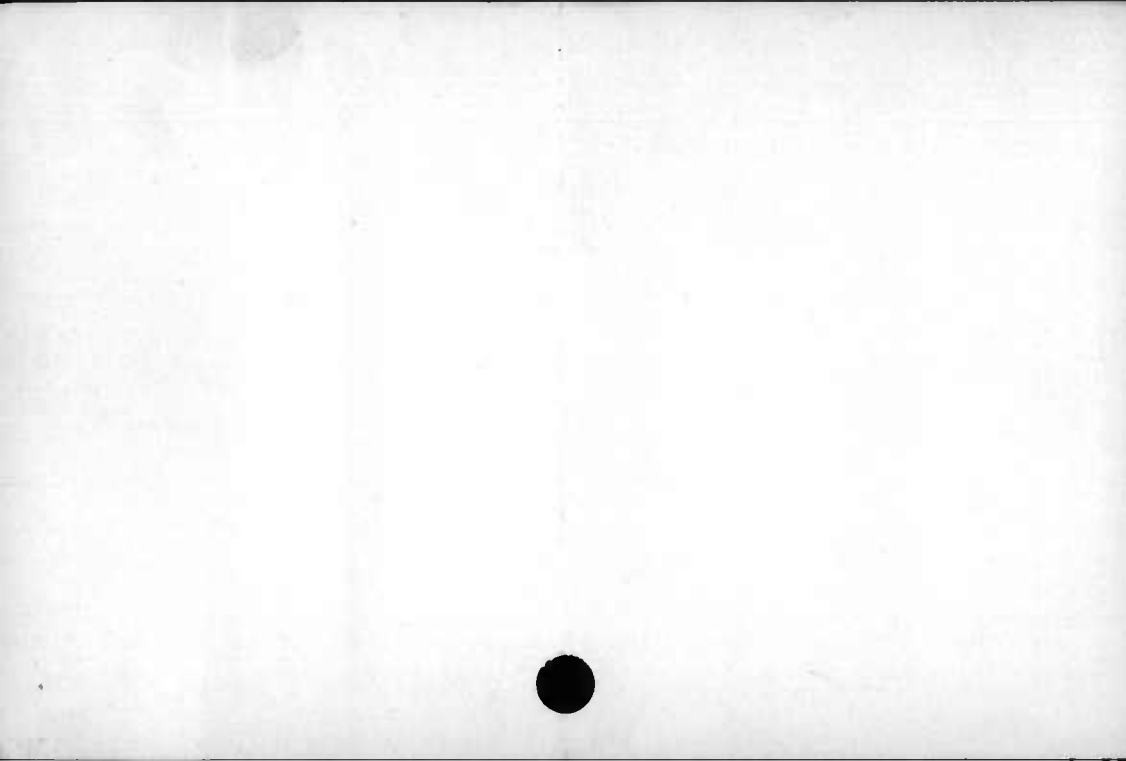
Died at <i>Near Rowlandsville</i> ^{Town} <i>Beal</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>31</i>	Years <i>46</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Leoni Co Pa</i>	
Occupation <i>Well driller & Pump Repairer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Ella Nesbitt</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Wife Ella Nesbitt</i>	How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Acute Pulmonary Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

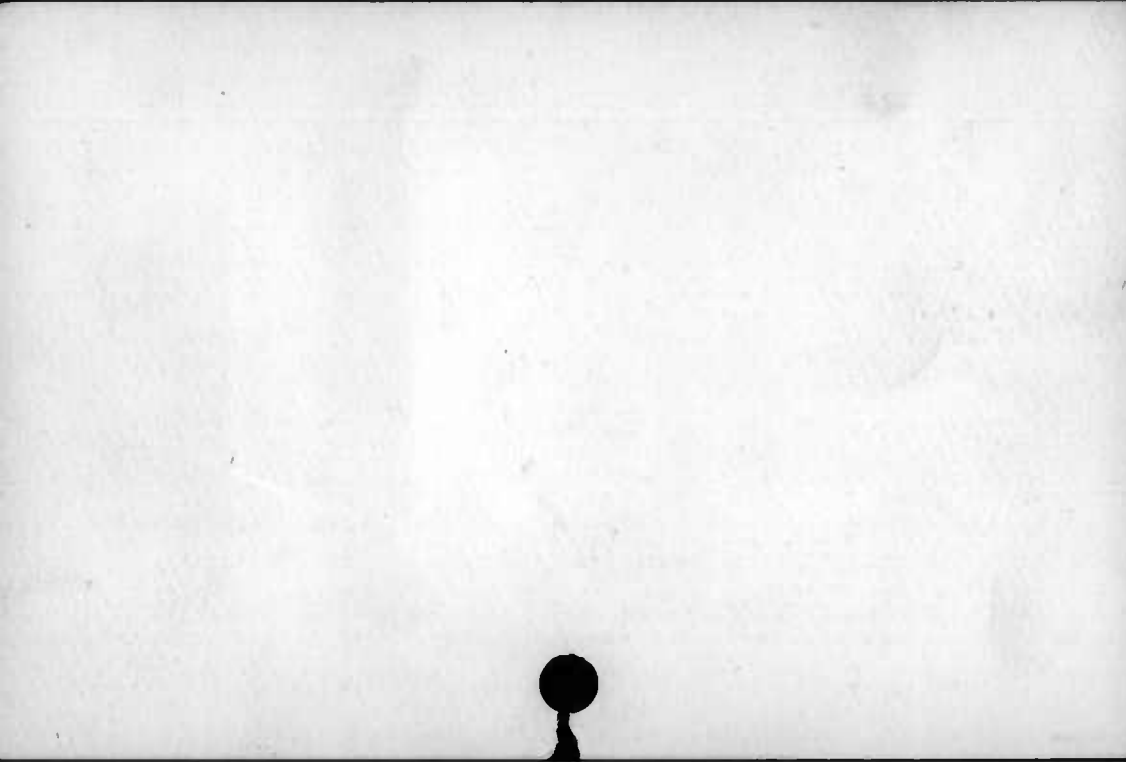
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jane Harris</i>		Town <i>Elkton</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Elkton</i>		Date of death <i>1907 July 3</i>		Age <i>17</i>		Months <i>1</i> Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Wilmington, Del.</i>			
Occupation <i>H-wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Alfred Harris</i>					
Father's Name <i>Abraham Anderson</i>		Father's Birthplace <i>Delaware city Del.</i>					
Mother's Maiden Name <i>Mary Martin</i>		Mother's Birthplace <i>Elkton</i>					
Name of person giving information <i>Alfred Harris</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sapraemia</i>	<i>(20)</i>	How long <i>7 days</i>
Immediate <i>Heart failure</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Winifred T. Morrison</i>	
	Address <i>Elkton, Md.</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rowlandsville</i> Town		<i>Sevier</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>July</i>	Day	<i>25</i>
		Age	<i>1</i>	Years	
		Months	<i>5</i>	Days	<i>22</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Rowlandsville</i>
Occupation	<i>none (child)</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>J W Irwin</i>			Father's Birthplace	<i>San Lee Pa</i>
Mother's Maiden Name	<i>E L Wolf</i>			Mother's Birthplace	<i>York " "</i>
Name of person giving information	<i>J W Irwin</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowned (Accidental)</i>	How long	<i>—</i>
Immediate	<i>(172)</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ernest Rowland</i>
<i>(Accidental)</i>		Address	<i>Liberty Grove, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

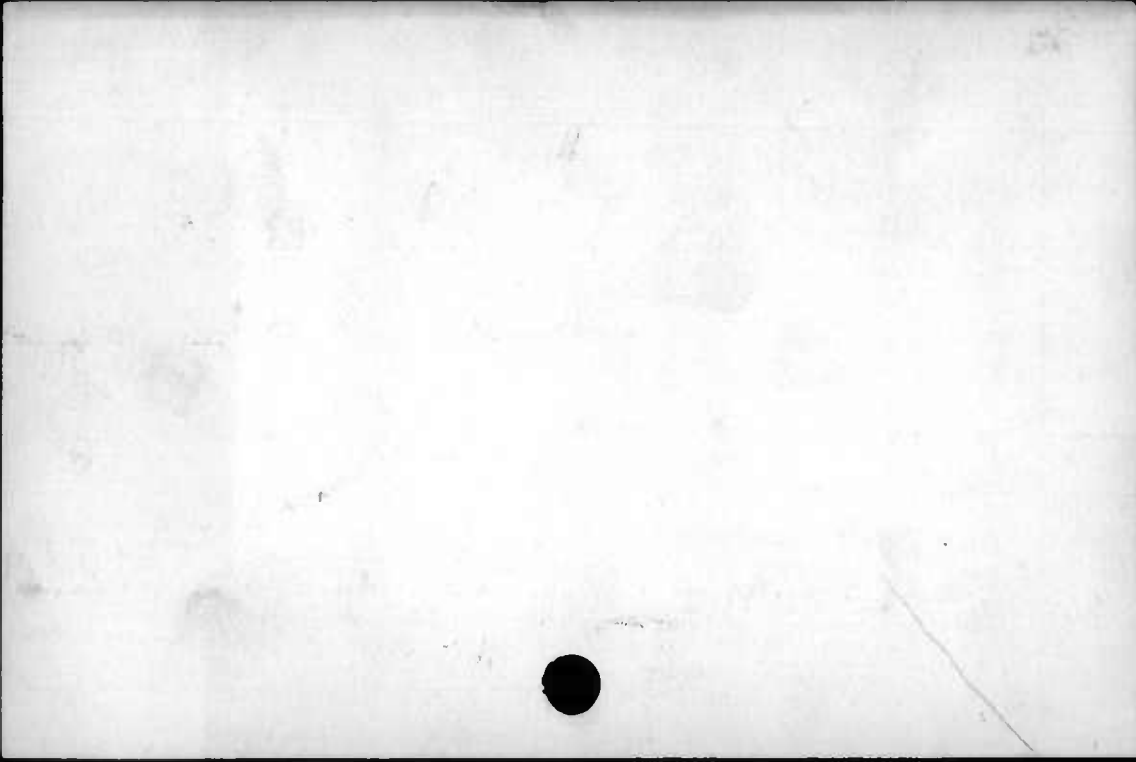
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	7	July	30	Age	18
Sex		Female		Color or Race		white	
Occupation				Birth-place		Elkton	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John Jamison		Father's Birthplace		N.J.	
Mother's Maiden Name		Mary C Ridge		Mother's Birthplace		Pa.	
Name of person giving information		John Jamison		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Charles J. J. J.	How long	(105)
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm D Cawley	
Address		Elkton Md.	
Accident or Suicide?			



Name
in
Full

Rachael Merritt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

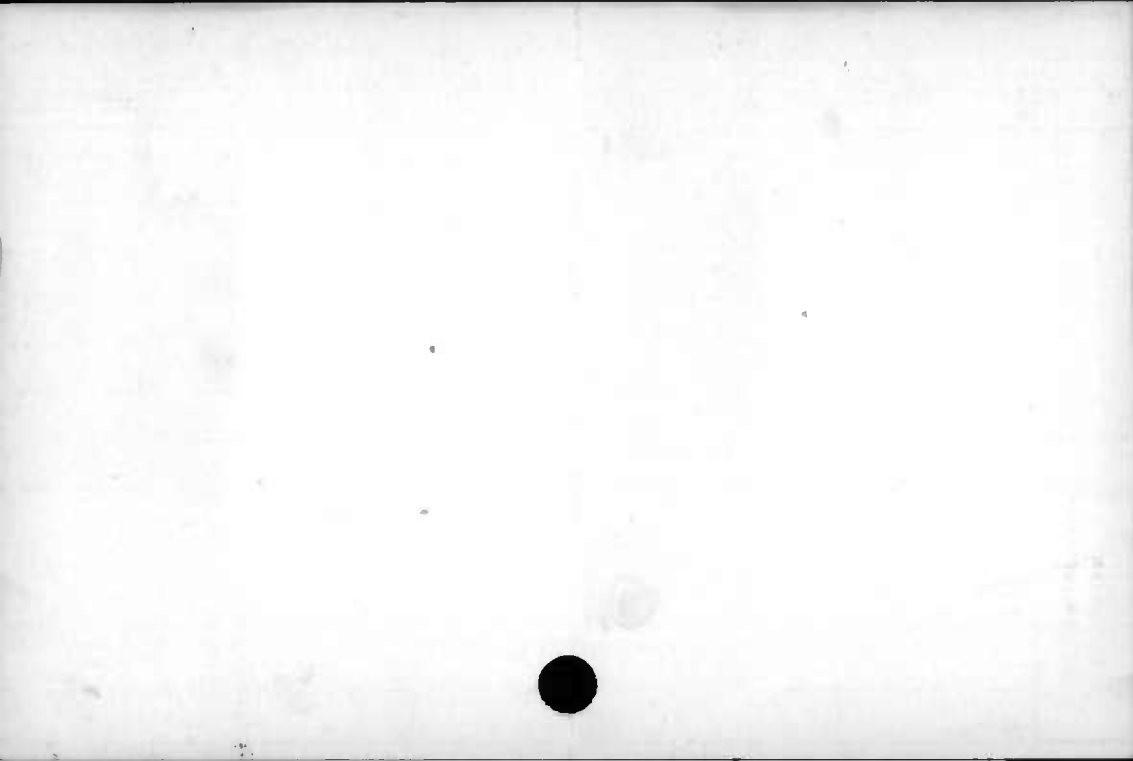
Died at Warwick ^{Town}		Beck ^{County}		MARYLAND	
Date of death 1907	Month July	Day 17	Age 88 ^{Years}	Months 2	Days 10
Sex Female	Color or Race White - American		Birth-place Bethel, Mo		
Occupation Housewife		Where Residing if not at place of death Warwick, Mo.			
Married Single or Widowed		Name of Wife or Husband Jos. Merritt.			
Father's Name Richard Bouden		Father's Birthplace Unknown			
Mother's Maiden Name Doreas Bouden		Mother's Birthplace Unknown			
Name of person giving information Annie Dulaney		How related to deceased Daughter			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Chronic Endocarditis and Nephritis	How long Unknown
Immediate Exhaustion	How long 5 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. T. Wright
	Address Warwick, Mo.
Accident or Suicide? —	



Name
in
Full

Mary Tricili

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elkton* Town

Cecil County

Date of death *1907* Month *July*

Day *12*

Age *45* Years

Months *4*

Days *14*

Sex *Female*

Color or Race *White*

Birth-place *Italy*

Occupation *Am.*

Where Residing if not at place of death *—*

Married, Single or Widowed *Married*

Name of Wife or Husband *Atriano Tricili*

Father's Name *Cornelius Cordella*

Father's Birthplace *Italy*

Mother's Maiden Name *Catharine Gallo*

Mother's Birthplace *Italy*

Name of person giving information *Annie Albanese*

How related to deceased *Sister*

CAUSES OF DEATH

120

Primary *Chronic Nephritis*

How long *4 yrs*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above?

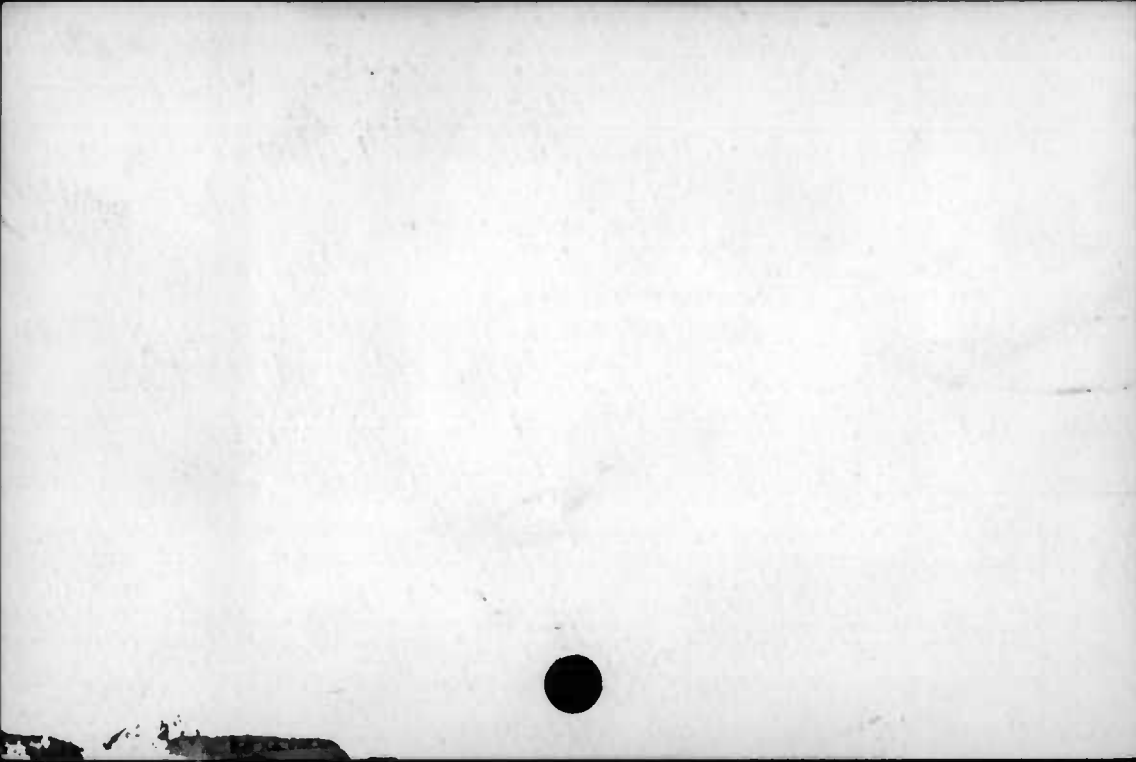
Yes

Signature of Physician

Address



Accident or Suicide?



Name
in
Full

Elizabeth Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>20</u>	Age <u>—</u>	Months <u>3</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Elkton</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Samuel Sakers</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Mattie Price</u>			Mother's Birthplace <u>Earlville Md.</u>		
Name of person giving information <u>Mattie Price</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>7 days</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Winifred A. Morrison</u>
	Address <u>Elkton, Md.</u>
Accident or Suicide? <u>—</u>	

R. T. Jones

Bury 7/23/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

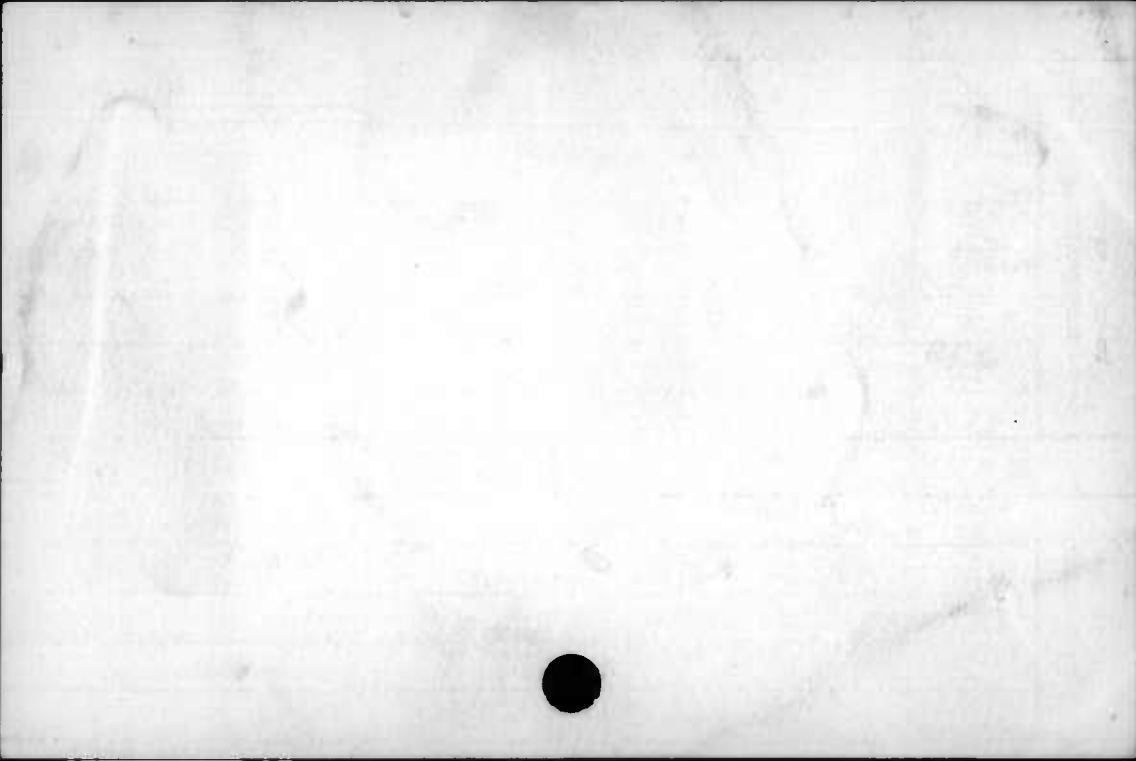
Died at <i>Near Earleville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>7</i> ^{Month}	<i>30</i> ^{Day}	<i>38</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Cecil Co Md</i>		
Occupation <i>Farm Work</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Kate White</i>				
Father's Name <i>Geo. W. Reed</i>	Father's Birthplace <i>Hartford Ct. Ind</i>				
Mother's Maiden Name <i>Anna J. Gollar</i>	Mother's Birthplace <i>Del</i>				
Name of person giving information <i>John Reed</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease</i>	How long <i>Six weeks</i>
Immediate	<i>ye</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>ye</i>	Signature of Physician <i>R. M. Black</i>
	<i>no</i>	Address <i>Cecil Co Md</i>
Accident or Suicide?	<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

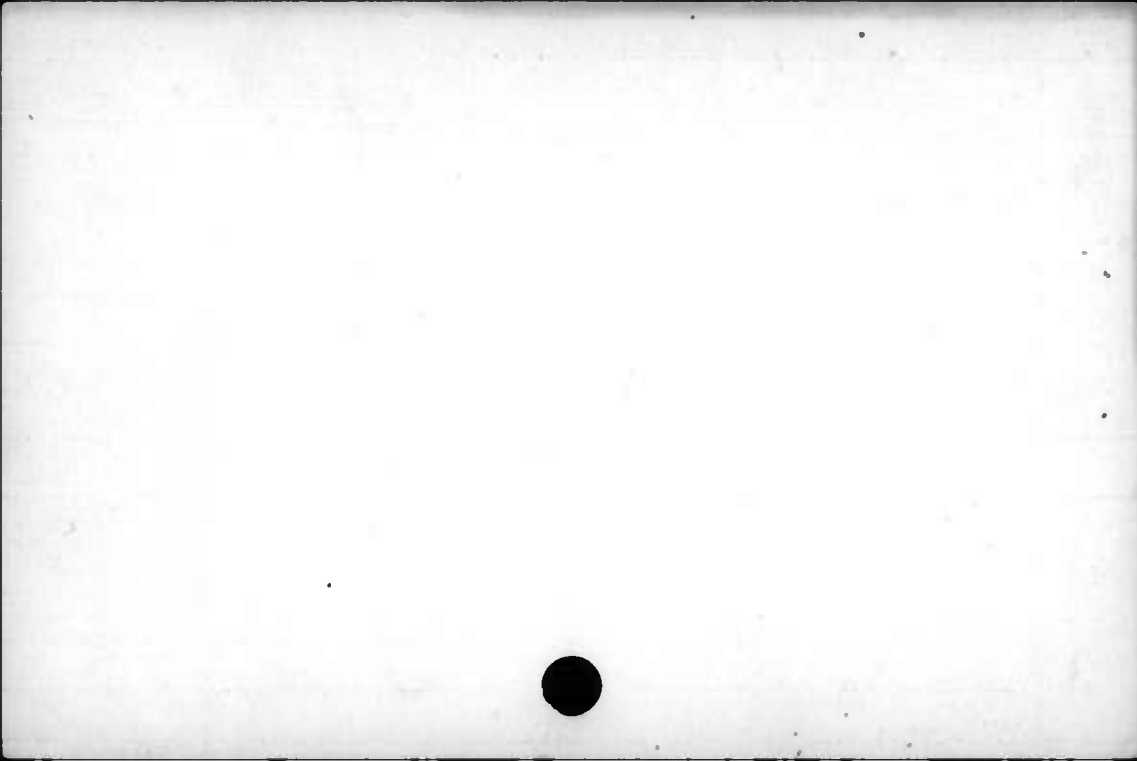
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>H. Dora Reynolds</i>		Town <i>near Woodstown</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>near Woodstown</i>		Month <i>July</i>		Day <i>27</i>		Years <i>18</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>H. J. Reynolds</i>				Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Annie M. Lynch</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>H. J. Reynolds</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphagia</i>	How long <i>3 days</i>
Immediate <i>Alcohol & Excess</i>	How long <i>Over 2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Fisher</i>
	Address <i>1000 Deposit, Ind.</i>



Name
in
Full

Thomas E. Scott

CERTIFICATE OF DEATH

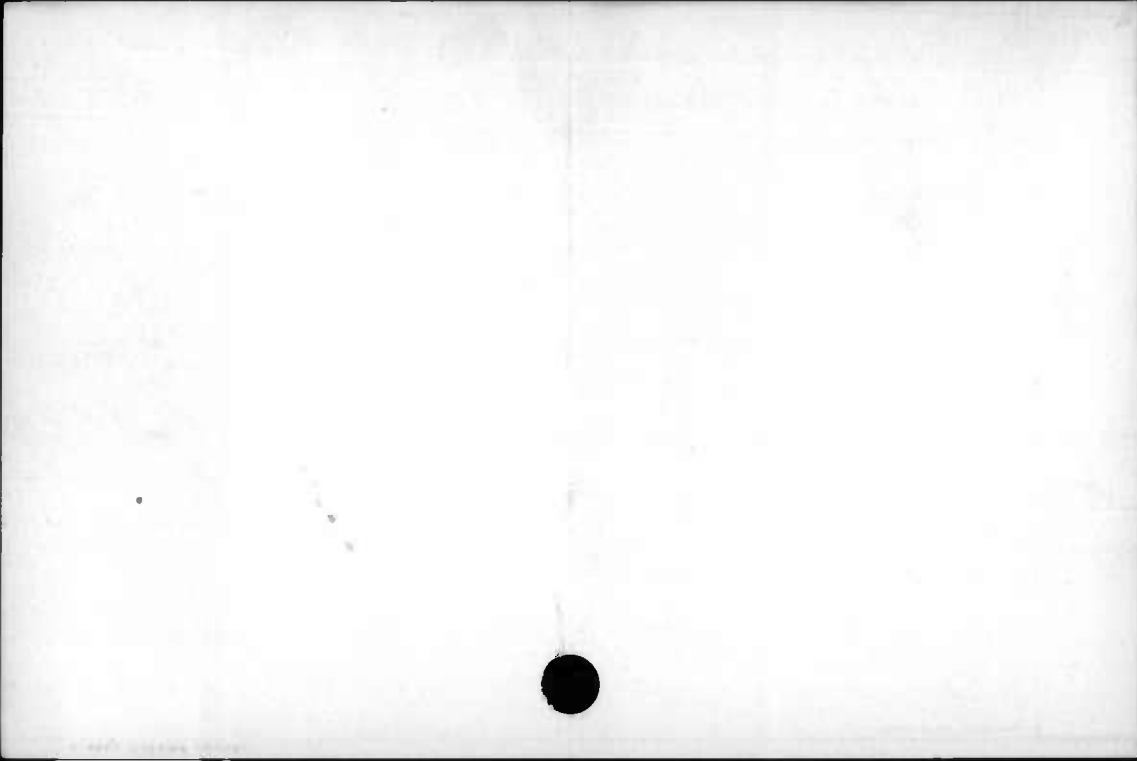
TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near ^{Town} <i>Beltsville</i> ^{County} <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>14</i>	Age <i>9</i>
Sex <i>male</i>	Color or Race <i>colored</i>	Birth-place <i>Maryland</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband		
Father's Name <i>Robert Scott</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Cordy Scott</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>State B York</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>Accidental Drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rickette Nelson</i>	
	Address <i>Coroner Cecil Co</i>	
Accident or Suicide? <i>Accident</i>	<i>Elkton, Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

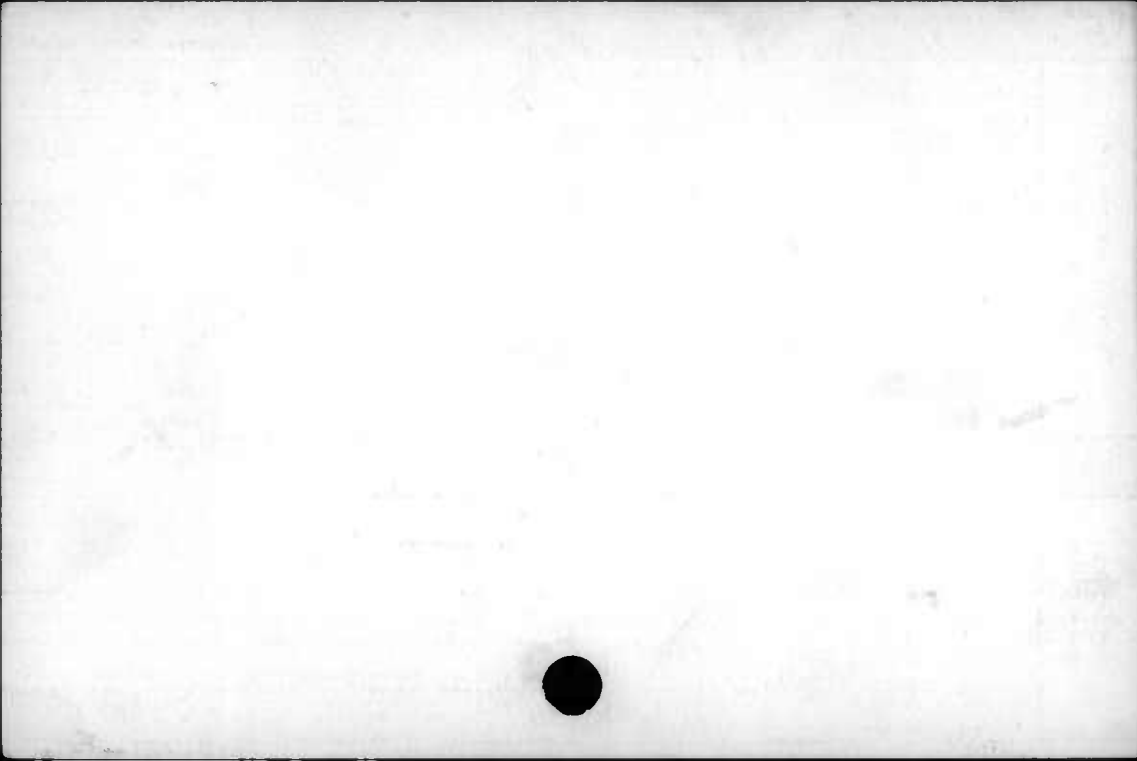
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Post-Deposit</i> Town <i>Cecil</i> County		MARYLAND	
Date of Death	1907	Month	July
Day	7	Age	68
Sex	Male	Color or Race	White
Occupation	Carriage Trimmer	Birth-place	Oxford Pa
Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Carrie Taylor
Father's Name	John Taylor	Father's Birthplace	Pa
Mother's Maiden Name	Nancy Johnson	Mother's Birthplace	Pa
Name of person giving information	Carrie Taylor	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	3 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. D. Clum
		Address	Post-Deposit Ind
Accident or Suicide?			



Name
in
Full

William France Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cecilston</u> Town		County <u>Loose</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>26</u>	Age <u>—</u>	Months <u>—</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Cecilston</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank Wilson</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Margaret Moore</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Frank Wilson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>151</u>	How long
Immediate <u>Malaria</u>		How long <u>15 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>Rm Black</u>	
	Address <u>Cecilston Md</u>	
Accident or Suicide? <u>—</u>		

